



STEVEN L. BESHEAR
GOVERNOR

ROBERT D. VANCE
SECRETARY

PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
DIVISION OF HVAC

TIM HOUSE, ACTING DIVISION DIRECTOR
101 SEA HERO ROAD, SUITE 100
FRANKFORT, KENTUCKY 40601-5405
TELEPHONE: (502) 573 – 0395 FAX: (502) 573 – 1401
WEBSITE: WWW.OHBC.KY.GOV

Inactive – Reactivation
Master HVAC Contractor Form

I, Master HVAC Contractor License #: _____, hereby make application for:

Inactive Status

Inactivation fee of \$20.00 is enclosed

Reactivation Status

Reactivation fee of \$20.00 is enclosed

License renewal fee of \$250.00 is enclosed

Certificate of Insurance enclosed

Personal Information

Name: _____ Telephone #: (_____)_____-_____
Last First Initial

Address: _____
(Street, Route, or P O Box Number) (County Name)

City: _____ State: _____ Zip: _____

Company Information

Company Name: _____ Telephone #: (_____)_____-_____-

Company Address: _____
(Street, Route, or P O Box Number) (County Name)

City: _____ State: _____ Zip: _____

Send Mail to: Home Address _____ Company Address _____

Applicant Signature: _____ SS#: _____-_____-_____

HVAC 14 (07-08)



Equal Opportunity Employer M/F/D